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OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501
RECEIVED BY
DEC 10 1986
O. C. D. REQUEST FOR ALLOWABLE
ARTESIA OFFICE AND
SUBMITTAL TO TRANSPORT OIL AND NATURAL GAS

1. HNG OIL COMPANY
Address
P. O. Box 2267, Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
To add section #5 to lease name.
If change of ownership give name and address of previous owner

2. DESCRIPTION OF WELL AND LEASE
Lease Name Gulf 5 Federal Well No. 1 Pool Name, including information Wildcat (Atoka-Penn) Gas Kind of Lease State, Federal or Fed Federal Lease No. NM 15302
Location
Unit Letter H A : 2310 Feet From The north Line and 660 Feet From The east
Line of Section 5 Township 25S Range 29E , NMPM, Eddy County

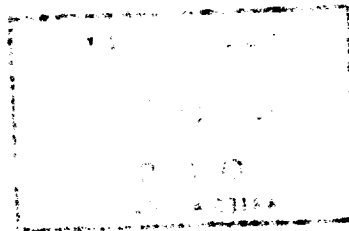
3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
None Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
HNG Oil Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 2267, Midland, Texas 79702
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
No

If this production is commingled with that from any other lease or pool, give commingling order number:
4. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
Post ID-3
12-12-86
chg Well Name

5. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

6. GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MCF Gravity of Condensate
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

7. CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Betty Gildon (Signature)
Betty Gildon, Regulatory Analyst (Title)
12/9/86 (Date)
OIL CONSERVATION DIVISION
APPROVED DEC 15 1986
BY Original Signed By Les A. Clements
TITLE Supervisor District II
This form is to be filled in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filled for each pool in multiple completed wells.



U.S. DEPT. OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D.C.